

**Notice of Intent to Apply (ITA)
Land Recycling Loan Program (LRLP)**

Form 8700-266 12/02

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**See instructional sheet. Read ALL instructions carefully before
completing this form.**

Notice: Land Recycling Loan Program applicants are required to complete and submit this form by December 31 prior to application submittal under s. 281.60, Wis. Stats., and ch. NR 167, Wis. Adm. Code. Failure to submit a completed form by December 31 may result in the denial of loan funds for the project. Personal information collected on this form will be used for program administration and must be made available to requesters as required by Wisconsin Open Records law [s. 19.31-19.39, Wis. Stats.]. It will not be used for other purposes.

DNR Use Only
Loan Number
Postmark Date
Population

Section I: Applicant Information

1. Eligible Applicant		County(ies)	
2. Check One: <input type="checkbox"/> PERF attached <input type="checkbox"/> PERF previously submitted		Priority Score (if PERF previously scored for this project)	
3. Authorized Representative		4. Main Contact*	
Name		Name	
Title		Title	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Telephone No. ()		Telephone No. ()	
FAX No. ()		FAX No. ()	
E-mail Address		E-mail Address	

Section II. Consulting Engineer (If one has been retained)

Firm		Contact	
Street or Route		Telephone No. ()	
City, State, Zip Code		FAX No. ()	E-mail Address

SECTION III. DNR Regional Contact Person

Name		Telephone No. ()	
Street or Route		FAX No. ()	
City, State, Zip Code		E-mail Address	

SECTION IV. Project Information and Cost Estimates

Actual or Estimated Date of:		Month/Day/Year		Month/Day/Year	
1. Phase I Environmental Assessment	_____	4. Remediation Start	_____		
2. Phase II Environmental Assessment	_____	5. Remediation Completion	_____		
3. Site Investigation	_____				

*Should be someone familiar with the project and available on a daily basis.

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6. Detailed Project Description

7. Costs

CATEGORIES	ACTUAL	ESTIMATES
Phase I - Environmental Assessment	\$ _____	\$ _____
Phase II - Environmental Assessment	_____	_____
Site Investigation	_____	_____
Remediation*	_____	_____
Total Project Costs	\$ _____	\$ _____

*This line must be filled in. Assessment and Investigation will not be reimbursed **UNLESS** a remediation project is also proposed in this application.

8. a. Source of Cost Estimates

b. Other Funding Sources

Applicant Certification

1. **The applicant declares that the following procurement requirement will be satisfied:**

Procurement of professional services and remediation contracts by recipients under the Land Recycling Loan Program shall be in accordance with federal, state and local law and shall be subject to review of eligibility, allocability, allowability and reasonableness. As established in ch. NR 167, Wis. Adm. Code, and Federal Regulations 40 CFR 31.36(e) and 35.6580(a), each recipient of financial assistance and those employed by the recipient to plan, design or remediate the project shall make good faith efforts or take affirmative steps to utilize minority and women business enterprises in contracts for services, equipment, raw materials and supplies. In addition, recipients of federal funds shall take affirmative steps to also utilize small businesses in rural areas. Please refer to ch. NR 167, Wis. Adm. Code, and the Environmental Improvement Fund Reference Guide for further details on these guidelines.

2. I hereby certify that: a) all information provided on this form is extracted and accumulated from records of the applicant; and b) I took all reasonable precautions necessary to ensure that such information is accurate and in all respects is fair in what it purports to represent.

Signature of Authorized Representative

Date Signed

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General Instructions for Notice of Intent to Apply Form

Applicants that intend to apply for Land Recycling Loan Program financial assistance (s. 281.60, Wis. Stats.) must submit the Notice of Intent to Apply form. It must be postmarked or FAX dated no later than DECEMBER 31 of the calendar year prior to the state fiscal year that the municipality applies for assistance. (The state's fiscal year runs from July 1 through June 30.) The ITA will be valid for one state fiscal year.

Section I: Applicant Information

1. Provide the legal name of the applicant and the name(s) of the county or counties in which the applicant is located.
2. Check the appropriate box. Provide priority score for this project, if Priority Evaluation and Ranking Form (PERF) was previously scored for this project.
3. Provide the name and title of the applicant's Authorized Representative, along with the street address, city, state, zip code, telephone number, FAX and e-mail address. The authorized representative is the individual designated by adopted resolution or official act of the applicant's governing body. Provide the address that all official correspondence should be sent to. The telephone and FAX numbers provided should be the ones that can be used to contact the authorized representative during typical business hours.
4. Provide the name and title of the main applicant contact, along with the street address, city, state, zip code, telephone number, FAX and e-mail address. The main contact should be someone familiar with the project who is available on a regular basis, such as the municipal clerk. Provide the address that all official correspondence should be sent to. The telephone and FAX numbers provided should be the ones that can be used to contact the main applicant contact during typical business hours.

Section II: Consulting Engineer

Provide the name of the consulting engineer firm (if one retained), and a contact name, along with the street address, city, state, zip code, telephone number, FAX and e-mail address. If the contact person has a telephone number, FAX or e-mail address that differs from those provided for the engineering firm, please provide them.

Section III: DNR Regional Contact Person

Provide the name of the DNR Regional contact person, along with the street address, city, state, zip code, telephone number, FAX and e-mail address.

Section IV: Project Information and Costs Estimates

- 1-3. Provide the actual or estimated date that each was, or will be, completed.
4. The remediation start date is the actual date or estimated date.
5. The remediation completion date is the actual or estimated date of final completion.
6. Provide a description of the project. Do not write in short descriptions using general statements or abbreviations that do not provide specific details of the project.
Examples of project details include, but are not limited to:
 - the name of the site or facility;
 - the reason for the cleanup (e.g., potential public or private well contamination, public use area, redevelopment);
 - type of remediation.
7. Indicate on the appropriate lines the actual or estimated cost of project activities. (See example below).

CATEGORIES	ACTUAL	ESTIMATES
Phase I - Environmental Assessment	\$ 5,000	\$
Phase II - Environmental Assessment	10,000	
Site Investigation	30,000	
Remediation*		250,000
Total Project Costs	\$ 45,000	\$ 250,000

8. a. Provide the source(s) of cost estimates provided in #7 above.
b. If you plan to fund a portion of this project with funds other than LRLP, please list the other sources. Examples of other sources: municipal funds, Site Assessment Grant (SAG), Commerce Grant.

Municipal Certification

After reviewing Sections I-IV, the Authorized Representative is required to sign and date the ITA.

Send completed ITA to: **State of Wisconsin**
Department of Natural Resources
Bureau of Community Financial Assistance
PO Box 7921
Madison, WI 53707-7921
FAX (608) 267-0496